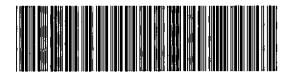
P00000104118

(Requestor's Name)				
(Address)				
(Address)				
(City/Sta	ate/Zip/Phone #)			
PICK-UP	WAIT MAIL			
(Busine:	ss Entity Name)			
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer:				
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SECRETARY OF STATE

R.A.



JUL - 2 2010

COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT:	RESANDA CO	RPORATION				
	Name of	Corporation				
DOCUMENT NUMBER:	NUMBER: P00000104118					
The enclosed Statement of	Change of Registered Of	fice/Agent and fee an	e submitted for filing.			
Please return all correspond	lence concerning this mat	ter to the following:				
	ALVARO HERNANDEZ					
	Name of (Contact Person				
	RESANDA (CORPORATION				
· · · · · · · · · · · · · · · · · · ·		Company				
	4754.0	M 420 AV				
		W 139 AV. ddress				
***************************************		FL.33325				
	City/State	and Zip Code	•			
	RGIRASOLESRA	NCH@GMAIL.CO	DM			
E-mail	address: (to be used for	r future annual repo	ort notification)			
For further information con	cerning this matter, pleas	e call:				
ALVARO H	IERNANDEZ	at (786	2778948 Daytime Telephone Number			
Name of Co	ntact Person	Area Code	& Daytime Telephone Number			
Enclosed is a \$35.00 check	made payable to the Dep	artment of State.				
Ma An	niling Address: nendment Section	Street A	ddress: ment Section			
	vision of Corporations		n of Corporations			

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

P.O. Box 6327

Tallahassee, FL 32314

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

·	· •		607.1508, or 617.1508, Flo	· · · · · · · · · · · · · · · · · · ·		
			d under the laws of the Sta			
in oraș	er to cnange us registerea	office or registere	d agent, or both, in the Sta	le of Florida.		
1. The name of	the corporation: RESA	NDA CORPO	DRATION			
2. The principal	2. The principal office address: 1751 SW 139 AV DAVIE, FL 33325					
3. The mailing a	ddress (if different): SA	ME ABOVE.				
4. Date of incorp	poration/qualification:	11/7/2000	Document number:	P00000104118		
	street address of the curr trnent of State: (If resigne		nt and registered office on f	ile with the		
	RESIGNED.			2		
				ZOO JUL -1 SECRETAR		
		·		JUL -1 PA		
6. The name and (if changed):	street address of the new	registered agent (i	if changed) and /or register			
	OLGA GIRALDO			* –		
	P.O. Box NOT acceptable					
	1751 SW 139 AV. [DAVIE, FL 3332	25			
The street addre	ess of its registered office be identical.	e and the street add	dress of the business offic	e of its registered agent,		
Such change wa authorized by th	s authorized by resolution board, or the corporation	on duly adopted by ion has been notifi	y its board of directors or led in writing of the chang	by an officer so		
Clar de Signatur	taldo terre e or an officer or director		OLGA GIRALDO/OFF	FICER DIRECTOR		
I hereby accept I further agree t of my duties, an document is bei corporation has	the appointment as regis o comply with the provis d I am familiar with and ng filed merely to reflect been notified in writing	stered agent and a sions of all statute. accept the obliga a change in the r of this change.	gree to act in this capacit s relative to the proper an tion of my position as reg egistered office address, I	y. d complete performance istered agent. Or, if this hereby confirm that the		
Olganstianl.	La fee: nature of Registered Agent	1 per	 6/28/20	010		
Sign	nature of Registered Agent		Date			
If signing on bel	half of an entity:					
RESAN	NDA CORPORATIO	N				
	ped or Printed Name					

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

* * * FILING FEE: \$35.00 * * *